An Essay

on

Puerperal Peritonitis

Respectfully submitted

to the

Faculty of the Homœopathic

Medical College

of Pennsylvania.

By

Joseph S. Walter

of Pennsylvania

Preceptor W. Williamson M.D.

Duration of studies 2 1/2 years

Residence 182 South 10 St.

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Puerperal Fever

To many opinions differing materially in this character have been expressed by authors of high standing upon this subject. That it is met with — not considerable perplexity upon a discussion of the causes, course and termination of this dreadful malady.

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Puerperal Fever

So many opinions, differing materially in their character have been expressed by authors of high standing upon this subject. that it is not without considerable hesitation we enter upon a discussion of the causes, course and terminations of this fearful malady.

The term Puerperal Fever has evidently been applied to four different diseases incidental to child-bed. This has probably been one reason of the great discrepancy that is so apparent in the works of the many

learned Authors who have written upon the subject.

The Diseases we refer to as being confounded with true Puerperal Fever, are Hydrencephalus, Peritonitis, Acute Hymenitis, and a low grade of fever closely resembling Typhus: affections which although in their Diagnosis presenting many similar phenomena demanding closely different curative Measures.

We would here remark, that in no Disease, is the great and undeniable law of "Similia Similibus Curantur" so eminently practicable as

in puerperal fever.

It calls for a prompt and decisive treatment - the remedies to be selected with care and judgement according to their Homeopathic application to the case. If this is done, we have but little to fear from this distressing malady - which in the hands of old school Physicians has so frequently proved fatal.

Puerperal fever is very evidently an inflamation of the peritoneum - or more properly speaking - the inflamation is the present cause

of the fever.

The inflamation no doubt commences in the intestine portion of the membrane and spreads thence over the greater part of its surface giving rise to certain phenomena to be considered farther on.
The causes may be sporadic or the prevalence of an epidemic: if the latter be the case we have much to fear for it has proved a most dreadful and deadly affection under these circumstances. The pain generally begins low down in the abdomen

in the situation of the Uterus: which may be felt through the abdominal parietes, and lends on pressure: but soon a considerable swelling takes place so that the womb can be no longer distinguished.

Cases of this kind arise apparently from colds and present no peculiar feature. In such a state of weakness and irritability as the parts present at this time, a less degree of the exciting cause would be sufficient to produce the inflamation, and probably a less degree of inflamation may prove fatal. But when

it prevails among beings—it comes in a neighbourhood as an epidemic. it is marked by a greater depression of the vital powers, and runs a more irregular course than in the former case. the nervous system suffers. the sensorium is apt to become affected and the complaint assumes more the character of a continued fever, than a simple inflammation of the peritoneum. and no wonder! since this variety of peritonitis forms part of a disease which like continued fever is a general disease and results from contamination

of the blood. The contamination may originate in the patients herself. The noxious substance being supplied by putrid coagula or part of the placenta remaining in the uterus. Or some of the products of inflammation may enter the blood vessels and constitute the poison. And this is. may be difficult or impossible to prevent. But on the other hand. the contamination may arise by contagion for it is evident. this horrid malady may be communicated to the lying-in woman by a third person. and that person be the one to whom the patient

looks for comfort and relief
in this the hour of peril.—
her Physicians. It is doubt-
-less the case. that where puer-
-peral fever exists as an epi-
-demic. it is through the medium
of a great system of the Mid-
-wife and accoucheurs. This
source of the disease may be
obviated by proper care on the
part of the attending Physicians.
Many doubt the contagious quality
of some forms of this disease:
but just as much disagreement
of opinion exists in regard
to the same properties of con-
-tinued fever. of Cholera. or of
the plague.

There are parties – and men of
of mind – who consider the
whole theory of contagion as
a mere "bug-bear". And there
are others who in their allega-
-tions of contagion, embrace
many more diseases than are
actually caused by its influence
This differences of opinion have
been so strongly espoused by
both parties, that a party
spirit – we may almost say – has
sprung up and been nourished
by it. Accordingly it behoves
us to judge calmly and carefully
between these conflicting opin-
-ions. We have facts to prove
the contagious qualities of

this decease. of which we will
adduce but one statement
made with many others in the
"Medical Gazette" published in
England. "A Midwife attended
thirty patients for a public
Charity. Sixteen of them were
attacked with Puerperal Fever
and all died. In the same
month 380 women were delivered
by other Mid-wives for the same
institution. None of which
suffered in the slightest degree
all the Sixteen had inflam-
-ation of the Peritoneal sur-
-face of the Uterus." How could
it be otherwise when we rem-
-ember the condition of the gen-

ital organs. In the first place the hands of the accoucheur comes in direct contact with the abraded lacerated and sore soft parts. and as Homoeopaths believe that a sufficient quantity of the infection remains on the hands from contact with the last diseased patient to impregnate the system with it also: and from the remarkable fact that none but lying-in women are attacked with this disease: We are inevitably drawn to the conclusion that the hand which is relied upon for success and relief in this distressing hour of peril — child-birth — and which is intended to re-

-ure the safety of both Mother
and Child - but especially that
of the Mother - May actually bec-
-ome the innocent cause of her
destruction: innocent no longer
however. if after warning, and
knowledge of the risk and danger,
suitable means are not resorted
to - for the prevention of so lam-
-entable a catastrophe. There are
many rules laid down to this effect
but we think none other necess-
-ary than perfect ablution: a
disinfecting fluid may be used -
for instance a very simple
and at the same time useful
one. is. a weak solution of
Chlorine: the accoucheur

should avoid going directly from
one patient already affected
to another - in the same room.

Pathology —

Puerperal Fever
is an acute fever. to which
lying-in women - as before stated -
are exclusively liable - and which
is generally accompanied by
disturbance of one or more
functions peculiar to women
in the puerperal state -
The fever generally develops
itself within three or four
days after parturition in
symptoms apparently consist-
-ing an acute peritonitis,
when the fever frequently makes

its appearance before the
pain is felt, although cases
are on record where fever and
pain occur simultaneously.
The burning or cutting pains
are usually felt in the region
of the umbilicus, when they
extend rapidly over the whole
abdomen, and frequently become
so violent that the least touch
produces intolerable pain.
Sometimes the fever exists with-
-out any pain, melancholy sets
in. Vomiting is one of the
most frequent and troublesome
symptoms, especially if the sub-
-stances vomited be like coffee-
-grits, or black and bitter, often

Low it is of local Matter.
The vomiting of a black or
discolored fluid resembling
coffee grounds. is a very unfav-
-orable symptom. as it indicates
a gangrenous condition of
the mucous membrane of the
stomach. Or sinus obstinate
constipation. or other profuse
diarrhoea, with bilious. purulent
or bloody discharges is present.
The face wears an expression
of despair or fear, with circum-
-scribed redness of the cheeks
which are much sunken. at
the same time the face is
very pale. If as the sinus the
patient is attacked with this

Malady. an Epidemic prevails.
The Disease is very liable to
assume the form and Charac-
-ter of said Epidemic. The
Disease is very uncertain in
its Duration. it may become
a continued fever. or may
terminate Fatally in from
two to five Days: it however
under Homoeopathic treatment
lasts from 10. to 15 Days and
has a favourable termination.
We have already shown the
causes to be. cold. sporadic
influences. and contagion.
The predisposing causes are
heavy labors. inflamation
of surrounding parts. Abuse

of Chamomilla Tea during
and after perspiration. Also
the continued application of
cold water to the pubic region
to avert the hemorrhagic which
often sets in immediately
after birth. There are four
varieties of puerperal fever
which we will briefly glance
at. First and most common
variety is characterized by
pain and tenderness in the
abdomen, preceded by a chill
and accompanied by a hot skin
rapid pulse and profuse per-
spiration. In this form
the uterus will be appendages
will the peritoneum recive

the greatest shock.

Second assumes the character of a mild typhus accompanied by intestinal irritation. It is ushered in by vigor. followed by heat. and succeeded by vomiting with nausea. or diarrhoea with most offensive discharges. The tongue at first white and loaded. but soon becomes preternaturally red as in chronic Dysentary. The skin is dry and hot. of a dusky yellow hue: the mind unsettled. neither being absolutely delirious: the debility is excessive with trembling of the limbs. These symptoms are sometimes followed by vitla-

-mation of some noble organ-
or softening of the tissues-
or suppuration of its veins
and lymphatics. There is usually
suppression of the lochia and
the milk.

Third. In this the most mischief
seems to be expended upon the
nervous system. There is great
delirium, agitation and sense
of impending death. This form
is liable to be followed by
fatal syncope or coma, and
may supervene upon any of
the others.

Fourth and worst form. affords
the most striking evidence of
a general diffusion of the poison

ous the whole system through the blood, and presents a very strong analogy to "Scarlatina Maligna" - Shivering and abdominal pain are followed by a quick pulse, glassy eye, dusky skin, and rapid exhaustion. There is often pain in the chest, hurried cough, laborious breathing, and other indications of inflammation of the lungs. which after death may be found gangrenous. Abscess of joints and cellular tissue; phthisis and gangrene of the intestines are among the ravages made by this terrible disease. Pulse usually from 100 to 140 per minute. Urine scanty

vessels or nerves with great pain-
lessness and sensitiveness are present
and there is often a vomiting
of yellow or greenish mucous.
and towards the close a discharge
dark resembling black vomit.
The intellect may remain undis-
-turbed, for the Mother frequently
takes a great interest in her child.
Treatment.

The treatment is one
of an antiphlogistic character.
and consists principally in the use
of Aconite. Belladonna. Arnica.
Colocynth. Mercurius Solubilis. Nitric
and Muriatic acids. Chamomilla.
Rhus Toxicodendron. Nux Vomica. Stram-
-monium. and a few others.

The treatment may be commenced with Aconite. and continued until a mitigation of the fever-symptoms. It is indicated by the general symptoms of fever: in this case by a hot skin. face red. swollen and intolerable of suffering. with a quick pulse. and fever-attended by local tenderness.

If after the use of Acon. we have an abatement of the febrile symptoms. yet the abdomen is distended and very sensible and cramp-like pains. together with cerebral symptoms. we may give Belladonna. with beneficial results.

When the pain is very sharp and

acute. increased by the slightest
movement or the weight of the
bed clothes. with Diarhoea. Bryonia.
When the pains are more of a
colicky nature. and Diarhoea
induced by drinking water. Colocy-
-nth will be found useful.
Mercurius Solub. has so wide an
extent of action. it may be with
propriety called a "polycrest."
It is indicated when we have signs
of abdominal effusion. humid tongue
burning heat. great thirst. increased
flow of saliva. frequent stool
with bearing down pains. and
discharge of blood. scanty
fetid urine. and debilitating
sweats. having a disagreeable odour

Rhus Tox. or Cham. if the nervous system is very affected. Patient irritable, and restless.
In cases of chronic Constipation we will find relief from the use of Nitric or Muriatic acid.
Constipation is a frequent attendant upon this disease and may give rise to fears on the part of patient and friends, but as it depends upon the inflamation condition of the organs surrounding the rectum and lower part of colon it will be only temporarily relieved until the inflamation has subsided. This may be accomplished by means of an Enema. The bowels should be well ventilated. and

patient keep perfectly quiet.
Neither should she be allowed
more food than is absolutely nec-
-essary - and that must be of the
lightest character. Cold water
may be given freely.

In conclusion. The child should
not be applied to the breast but
nourished in the most convenient
manner. to those having care of it.

Mrs. L. Fuller.